Electronic Patent	Application F	ee Transm	nittal				
Application Number:	10516722						
Filing Date:	02-Dec-2004						
ment date: 02/15/2008 CKHLOK 008 INTEFSW 00002516 192090 10516722 2253 525.00 CR							
Title of Invention:	Method to organize and track information according to chronological and priority order						
First Named Inventor/Applicant Name:	John Chung Lee						
Filer:	Michael F. Fedrick	Michael F. Fedrick/Jennifer Hargis					
Attorney Docket Number:	17127						
Filed as Small Entity							
U.S. National Stage under 35 USC 371 F	iling Fees						
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)			
Basic Filing:	•						
Pages:							
Claims:							
Miscellaneous-Filing:				-			
Petition:							
Petition-revive unintent. abandoned appl	2453	1	770	770			
Patent-Appeals-and-Interference:							
Post-Allowance-and-Post-Issuance:							
Extension-of-Time:			-				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)	
Extension - 3 months with \$0 paid	2253	1	525	525	
Miscellaneous:					
	Total in USD (\$)			1295	

î

.

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 02/13/08 2 Serial/Pat			tent	#	10/516,722			
3 Please refund the following fee(s):		4 PAP NUM	ER IBER	5 DATE FILE				
	Filing					\$		
	Amendment					\$		
X	Extension of Time				1/4/05	\$ 525.00		
	Notice of Appeal/Appeal				1 7 7	\$		
	Petition					\$		
	Issue					\$		
	Cert of Correction/Terminal	l Disc.				\$		
	Maintenance					\$		
	Assignment					\$		
	Other					\$		
			7 TOTAL AMOUNT \$ 525.00		\$ 525.00			
			8 TO	BE	REFUNDED	BY:		
10 REASON:		Treasury Check						
	Overpayment		X Credit Deposit A/C #:					
	Duplicate Payment			, [1 9	2 0 9 0		
Х	No Fee Due (Explanation):		<u></u>					
Exte	ension of time was unnecessary.							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: David Bucci TITLE: Petitions Examiner								
SIGNATURE:			1	PHONE: _	272-7099			
OFFICE: Office of Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B